



## Registration Packet for 2022 Summer Camp

### CHILD INFORMATION

Child's Name (and preferred name) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Adoption \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Is there a legal custody order that applies to this child? (Please circle) Yes or No

If yes, please give details: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION (only include addresses if different from above)

Parent/Guardian First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Email Address \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Email Address \_\_\_\_\_

Student lives with (check all the apply):

Mother  Father  Grandparent(s)  Sibling(s)  Stepmother  Stepfather  Other \_\_\_\_\_

Person Responsible for Payment \_\_\_\_\_

School District \_\_\_\_\_

How did you find out about summer camp? \_\_\_\_\_

### **Emergency Contacts** (will be called in the order given if parent/guardian **CAN NOT** be reached)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### **Emergency Care Information**

Preferred Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**CONSENT**

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the above mentioned doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to performance of such surgery. In addition to the aforementioned information, I give my permission for any and all medical information to be shared with all camp personnel that interact with my child.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Privacy Notification

Because this form asks for personal information, the Personal Privacy Protection Law requires that you be given this notice. Information requested on this form is pursuant to Public Health Law 225, 7-28. Information is needed to alert camp staff of special medical needs of campers. It will be treated as confidential medical information, and will be given to appropriate medical service providers in case of emergency. Health Concerns will be shared with camp staff on an as needed basis.

**PLEASE ATTACH A CURRENT IMMUNIZATION RECORD SIGNED BY A PHYSICIAN OR A SCHOOL HEALTH RECORD.**

**To protect your child and all children at summer camp, we need the most complete and accurate health information that you can provide. Our day includes hiking, climbing, and running in an outdoor setting. Please consider this when deciding if your child has any health concerns we should be aware of.**

#### Health Concerns: Please check all that apply.

- Allergies: • Insects • Latex • Medication • Seasonal/Environmental • Food(s) \_\_\_\_\_
- Non Life Threatening      • Life Threatening
- Asthma                      • Diabetes                      • Seizure Disorder                      • Anxiety                      • ADHD
- Chronic Disease \_\_\_\_\_                      • Other \_\_\_\_\_
- Special Needs: \_\_\_\_\_

#### MEDICATION NEEDED DURING WORKSHOP HOURS: \_\_\_\_\_

Child's physician must sign and complete Permission to Administer Medication Form (below). Parent/Guardian must sign the form and send it in with Summer Camp Application. Parents must supply medication in the original pharmacy container.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**GENERAL PERMISSION:** My child \_\_\_\_\_ has permission to participate in all activities of the Country Classroom 2021 Summer Camp. I also give permission to Country Classroom to administer First Aid and to use pictures of my child taken during camp activities. I understand that Tracy Manning reserves the right to withdraw any student who does not follow behavior guidelines set by the camp and that *no refund will be made in such cases.*

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_



## Media Consent Form 2022 Summer Camp

Country Classroom relies on our website, Facebook page, and media coverage to help recruit students, celebrate work, and keep our school community aware of important events. While we may include your child's name, any identifying information such as address, email address, or telephone number will not be published or posted. Any student work (such as poetry, essays, artwork, etc.) will be evaluated by our staff for sensitivity and identifying information before being published. This form will be kept on file at the school for the year. If at any time you want to change your child's status, please contact the school and complete a new form.

### FOR PARENTS OR GUARDIANS

If you consent to the posting/publishing of your child's name, photograph, and work, your child must also be in agreement that you will be signing the form indicating his or her consent. Should you have any questions, please do not hesitate to contact the school.

### PLEASE CHECK ONE OF THE FOLLOWING TWO:

- My child and I hereby give consent for my child's name, photograph, and his/her school work to be published/posted on Country Classroom's web page and Facebook page during 2022 summer camp.
- My child and I hereby do **not** give consent for my child's name, photograph, and his/her school work to be published/posted on Country Classroom's web page and Facebook page during 2022 summer camp.

### PLEASE CHECK ONE OF THE FOLLOWING TWO:

- I hereby give consent for my child to be photographed/interviewed by the media during 2022 summer camp.
- I hereby do **not** give consent for my child to be photographed/interviewed by the media during the 2022 summer camp.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Signature (if age 18 or older)

*The Country Classroom does not discriminate on the basis of race, color, national and ethnic origin, gender, gender identity or expression, sexual orientation, age, religion, or disability in the administration of its educational policies and programs.*

**Please return this form to:  
Country Classroom 2136 Huntersland Rd Middleburgh, NY 12122  
-or- [countryclassroom.org/document-upload](https://countryclassroom.org/document-upload)  
-or- [info@countryclassroom.org](mailto:info@countryclassroom.org)**

**COUNTRY CLASSROOM**  
**Permission to Administer Medications 2022**

*Medication orders need to be renewed each camp year.*

<b>Name</b>		<b>DOB</b>		<b>Age</b>	
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**TO BE COMPLETED BY HEALTH CARE PROVIDER**

Diagnoses:

Medication Name	Dose	Route	Time	Self-Directed*	Self-Admin/ Self-Carry**

\*Self-Directed: I assess this student is self-directed regarding their medication. They understand the purpose, name, amount, dose, timing, and effect of taking or not taking the medication, can recognize the medication and refuse to take it inappropriately, and can ingest, inhale, apply or calculate and administer the correct dose of the medication independently.

\*\*Self-Administer/Self-Carry: I have determined this student is consistent and responsible in taking their own medication (self-directed), and in addition, give them permission to self-carry and self-administer this medication. They will be considered independent in medication delivery and need intervention only during emergencies.

**Name and Title of Licensed Prescriber (Please Print)** \_\_\_\_\_

**Prescriber's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Phone** \_\_\_\_\_

**TO BE COMPLETED BY PARENT/GUARDIAN**

• I give permission for the above medication to be administered to my child as ordered by my health care provider. I will furnish the medication in the original pharmacy container, properly labeled with directions and dosage, or original over-the-counter medication container/packaging with my child's name on it.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

• Parent permission and provider consent is required for students to self-administer and self-carry medication. Students with this designation are considered independent in taking their medication at school and require no supervision by an adult. Parents assume responsibility for ensuring their child is carrying and taking their medication as ordered. Schools may revoke the self-carry/self-administer privilege if the student proves irresponsible or incapable. To request this option, please sign below:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_